



School-Based ACCESS Program (SBAP)

Compliance Session

FY 2023-2024 Statewide Training



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Department of Human Services
Bureau of Program Integrity
Division of Provider Review

Compliance Training Objectives

- **Learning Objective:** Upon completion of this session, participants will be able to recognize the documents that should be kept on hand and readily available in the event of an audit and recognize commonly identified issues/errors found during an audit of School-Based ACCESS Program (SBAP) services billed by the Local Education Agencies (LEAs).



Compliance Training Agenda

- **Key Topics:**
- **Maintaining Documents Relevant to the SBAP Program**
- **Downloading PCG Data by September 30, 2023**
- **Common Audit Findings**

Documents to Maintain



Maintaining Documents

LEAs must maintain any and all documents relevant to the services provided.

- Parental Consent
- Individual Educational Program (IEP)
- Medical Practitioner Authorization Form (MPAF)/Order/Prescription
- Daily Service Provider Logs
- Special Transportation Logs
- Credentials
 - Licenses
 - Certifications
- Attendance records
 - Student
 - Provider
- Evaluations



Parental Consent

Local Educational Agency

PA Medical Assistance Billing Parental Consent

I understand that:

1. Local Educational Agencies (LEAs) are eligible to receive federal reimbursement through the School-Based Access Program for certain medically necessary services provided to students with disabilities ages 3-21 in accordance with the students' IEP.
2. LEAs use of this reimbursement program does NOT in any way affect or impact other medically necessary, covered services that are provided to your child out of school. Medical Assistance will continue to pay for these services. Any reimbursement that the SDs or IUs receives from the School-Based Access program is used to help cover the cost of special education services.
3. Before the LEA can apply for reimbursement for services, a one-time written parental consent is required by The Individuals with Disabilities Education Improvement Act of 2004 (IDEA) under Part 300 (Assistance to the States for the Education of Children with Disabilities) and the Family Educational Rights and Privacy Act (FERPA).
4. By giving consent, I am authorizing the LEA to share my child's information such as records or information about the services that may be provided to my child with the PA Department of Education, the PA Department of Public Welfare, and a physician or nurse practitioner in order to bill Medical Assistance for services my child receives as part of his/her IEP. The only purpose of this disclosure is to bill for services provided.
5. I have the right to withdraw my consent at any time. Withdrawing my consent or not giving consent, will not affect the services that my child is receiving in school. It is still the responsibility of the LEA to provide my child's required services as written in his/her Individual education Plan at no cost to me.
6. Upon request, I may receive copies of my child's records that are disclosed as a result of this authorization.

I have read the Notice and I give consent for the LEA to share by child's education and health-related information and bill Medical Assistance.

Parent/Guardian Signature 

Student's Full Name Joe Cool

Date of Birth 12/25/2015 Date 08/22/2020

Name of School Walt Disney School District



Individualized Education Program, (IEP)

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Age _____

Student's Name: Joe Cool
IEP Team Meeting Date (mm/dd/yyyy): 05/21/2023
IEP Implementation Date (Projected Date when Services and Programs Will Begin): 05/22/2023
Anticipated Duration of Services and Programs: 05/20/2024

Date of Birth: 12/25/2015
Age: 7
Grade: 2nd
Anticipated Year of Graduation: 2033

Local Education Agency (LEA): Walt Disney School District
County of Residence: _____

Name and Address of Parent/Guardian/Surrogate:
John and Mary Cool
123 Main Street
Orlando, PA 12345

Phone (Home): (777)777-777 Email (Home): _____
Phone (Work): _____ Email (Work): _____
Phone (Cell): _____



Medical Practitioner Authorization Form, (MPAF)

Medical Practitioner Authorization Form for SBAP Services

Student's Name: Joe Cool
 Participating LEA Name: Walt Disney School District

Date of the current IEP Meeting: 05/21/2023
 (MM/DD/YY)

Related Service	Duration	Frequency	Projected Start Date	Projected End Date	Group	Individual
Audiology					N/A	
Nursing	See attached DC's notes	See attached DC's notes	05/22/2023	05/20/2024	N/A	X
Occupational Therapy						
Occupational Therapy						
Orientation, Mobility & Vision					N/A	
Personal Care Services	240 minutes	Per day	05/22/2023	05/20/2024	N/A	
Physical Therapy	30 minutes	3 times per week	05/22/2023	05/20/2024		X
Physical Therapy	30 minutes	2 times per week	05/22/2023	05/20/2024	X	
Psychiatric						
Psychiatric						
Psychological						
Psychological						
Social Work						
Social Work						
Speech & Language	45 minutes	3 times per week	05/22/2023	05/20/2024		X
Speech & Language						
Hearing Impaired						
Hearing Impaired						
Special Transportation					N/A	

Re-Evaluations to be provided throughout the duration of this IEP:

- Audiology
- Physical Therapy
- Social Work
- Occupational Therapy
- Psychiatric
- Speech & Language
- Orientation, Mobility & Vision
- Psychological
- Hearing Impaired

I have reviewed the Individualized Education Program (IEP) for this student and agree that the health-related services and re-evaluations recommended above by the IEP team are both appropriate and medically necessary.

Authorized Signature: [Signature] *Date of Signature: 05/23/2023
 Printed Name/Practitioner Title: Mickey Mouse, MD License #: MD004560
 NPI #: 321456987 MA Provider ID #: 7896541237531/0001

If review of medical necessity was conducted face-to-face with the student, separate documentation must be maintained.

*The date of signature is required prior to or on the date of service.

Pennsylvania Department of Human Services
 Revised 07/12/2023
 Email: RA-PWSBAP@pa.gov



Sample Medication Administration/Licensed Prescriber Example

Sample Medication Administration Consent & Licensed Prescriber Order

(School District Name)

Student Name: _____ Date/Time: _____

School: _____ Teacher/Grade: _____

In accordance with school policy, medication(s) should be given at home before and/or after school. However, when this is not possible, prior to receiving the medication at school, **each student** must provide the school nurse with a *Medication Administration Consent* form signed by the student's parent/guardian and a *Medication Order* from a licensed prescriber. All medications must be in an original prescription bottle/container from a pharmacy.

Parent/Guardian Consent:

I give my permission for my child, _____, to receive the following medication ordered by a licensed prescriber during the school day. I understand that the medications will be given by school health personnel according to my child's licensed prescriber's directions.

Parent/Guardian signature: _____ Date: _____

Parent/Guardian name printed: _____ Phone: _____

.....

Licensed Prescriber Medication Order:

Patient's name: _____ Date: _____

Name of medication: _____

Route and dosage: _____

Time of administration: _____

Directions: _____

Discontinuation date: _____

Allergies: _____

Licensed Prescriber signature: _____

Licensed Prescriber name printed: _____ Phone: _____

Must be signed by a
licensed provider



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Prescription Example

Rx PATIENT NAME Joe Cool
ADDRESS 123 Main St
Orlando, PA 12345

Prescription:

Effexor 25 mg 1 tablet
by mouth at 12 pm daily

09/05/2022 
Date Signature

Rx PATIENT NAME Joe Cool
ADDRESS 123 Main St
Orlando, PA 12345

Prescription:

May straight cath
every 4 hours as needed
for retention

09/05/2022 
Date Signature



Service Provider Logs

- Each service should have a log that is used to document the service that was provided
- There are log templates approved by DHS for each service area on their website. LEAs can create their own logs. The LEA logs must include **all** of the components listed in the self-designed logs:
 - Name
 - DOB
 - School
 - Diagnosis/Symptoms
 - Service Start Time
 - Service Stop Time
 - PA Secure ID
 - Date
 - Signature and Title of the provider
 - Signature of the Supervisor (if applicable)
 - Treatment and Progress Indicator keys
 - Service Type “(including delivery method-whether telemedicine or in-person) and Description of Service”



Service Provider Logs (Cont.)

Physical Therapy Service Provider Log

Student's name:	Joe Cool		Provider's Name:	Daisy Duck	
Student's date of birth:	12/25/2015	PA Secure ID:	987456321	Provider's Title:	Physical Therapist
School:	Walt Disney School District	Date:	05/22/2023-05/26/2023	Provider's Signature:	
Disability/symptom(s):	Autism		<input type="checkbox"/> Early Intervention <input checked="" type="checkbox"/> School Age		

Service Date	Treatment		Treatment Key (see Pg 2)	Refer to the keys below for an explanation of the treatment codes and progress indicators			Description of Service
	Start Time	End Time		Group Size	Service Type	Progress Indicator Key	
05/022/2023	10:05	10:35	16, 29	Indiv	D	PR	Stair training-up and down steps with HR. Joe does well on the steps with monitoring by PCA
05/23/2023	09:35	10:05	31, 32	Group	D	PR	Gross motor activity for coordination and strengthening UE, LE and core with animal walks, side steps and heel walks. Continues to improve.
05/24/2023	10:01	10:31	11, 29	Indiv	D	MN	Ball skills-he is able to catch a basketball 7/10 times. When throwing baskets into the hoop, he makes 3/15 tries.
05/25/2023	09:30	10:00	31, 32	Group	D	PR	Gross motor activity for coordination and strengthening UE, LE, and core. He is doing much better with the heel walks.
05/26/2023	10:05	10:35	16, 29	Indiv	D	PR	Stair Training-up and down steps with HR. He continues to do well, monitored by PCA.

Service Type:

In-Person:	
D = Direct – in-person Session	DM = Direct – in-person Make-up Session
Session Did Not Occur:	
PA = Provider Absent	PNA = Provider Not Available
SA = Student Absent	SNA = Student Not Available
Telemedicine:	
10 = Direct – telemedicine Session (student at home)	02 = Direct – telemedicine Session (student somewhere other than home)
10M = Direct – telemedicine Make-up Session (student at home)	02M = Direct – telemedicine Make-up Session (student somewhere other than home)

Progress Indicator Type:

Mn = Maintaining	Pr = Progressing	In = Inconsistent
Rg = Regressing	Ms = Mastering	

**A Licensed PTA service needs a supervisory signature by a Licensed PT. 49 Pa. Code § 40.173. Supervision of physical therapist assistant by licensed physical therapist*

Supervisor's Name: _____

Supervisor's Signature*: _____

Date: _____

Pennsylvania Department of Human Services
 Revised 08/24/2023
 Email: RA-PWSBAP@pa.gov



Service Provider Logs (Cont.)

PA ACCESS Template

Student Name: Barry Test
 Student ID: 7686303268 PA SecureID: 7686303268
 Responsible District: Baden Academy Charter School
 Date of Birth: 02/24/2007 Grade: 3rd Grade
 School Address: 555 Test Drive School Phone:
 Location, PA 11234

Service Provider James Brady	School Building The Test School (07923)
Student Disability Developmental Delay (3-5 in EI Program)	Service Specialty Speech Pathologist

Professional Service Log				Progress Indicator					Service Time/Type				
Date	Signed	OBO Svc	Areas Covered	Prog	Main	Mast	Inc	Reg	TimeIn	TimeOut	H:M	Ind	Grp
09/01/2021	09/01/2021	X	Augmentative Communication: Symbol Identification Augmentative Communication: Expressive Symbols Aural Rehabilitation: Compensation Techniques					X	12:00 PM - 01:00 PM		1:00	X	
<i>Comments:</i> This message (including any attachments) contains confidential information intended for a specific individual and purpose and is protected by law. If you are not the intended recipient, you should delete this message and are hereby notified that any disclosure, copying, or distribution of this message, or the taking of any action based on it, is strictly prohibited.													
09/16/2021	01/18/2022	X	Receptive Language: Understanding Basic Concepts Voice: Duration Feeding / Swallowing: Advancement of Diet		X				11:00 AM - 12:00 PM		1:00	X	
<i>Comments:</i> Daily Progress Note for areas/covered assessed.													

SIGNATURES

Provider Signature: James Brady Title: Print Date: 01/18/2022

Supervisors Signature: * Title: Date:

**Supervisory signature required for applicable certification types*

****This document has been electronically signed**



Special Transportation Logs

Special Transportation Services Log

LEA Name:	Walt Disney School District
District ID:	123789654
Month of Service:	April 2023

Provider Name:	Charlie Brown
Verification of Services LEA Approval (print name):	<i>Betsy Buck</i>
LEA Signature:	<i>[Signature]</i>

Early Intervention School Age

PA Secure ID#	Student Name	Day of the Month																														
		(Indicate: R=Round Trip or O=One Way)																														
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
487456321	JOB COO1	—	—	R	R	R	R	R	—	—	R	R	R	R	—	—	R	R	R	R	O	—	—	R	R	R	R	R	—	—		
				</																												

Credentials

Service Providers requiring PA State Licensure Only

- Audiology Services
- Nursing/Nurse Practitioner Services
- *Occupational Therapy Services
- *Physical Therapy Services
- Physician Services
- Psychiatric Services
- Social Work and Counseling Services



Credentials (Cont.)

Service Providers that require PA State Licensure OR Other Credential

- Psychological Services – PDE-Certifications are acceptable credentials as well as Department of State licensure.
- Speech/Language Services – ASHA CCC's Certifications are acceptable credentials as well as Department of State licensure.



Credentials (Cont.)

Service Providers that require Other Credentials

- *Personal Care Services – First Aid **AND** CPR Certifications
High School Diploma or GED
- Hearing Impaired Services – Certificate issued by the Council on Education of the Deaf (CED) OR a Master's degree, from an accredited college or university, with a major in teaching of the hearing-impaired or in a related field with comparable course work and training.
- Orientation, Mobility and Vision Services - Orientation and Mobility Specialist certified by the Academy for the Certification of Vision Rehabilitation and Education Professionals (ACVREP) or the National Blindness Professional Certification Board (NBPCB).



Other records to maintain

Attendance records

- Student
- Provider

Evaluations



Downloading PCG Data



▶ Downloading PCG Data by September 30, 2023



Solutions that Matter

Service Log Report SBAP Tips

1. When selecting the “Service Log (xls)” Report. You will have two sections you will select or enter criteria for:

- **General Related Service information such as:** Date of Service or Entry, Related Service, Individual Provider or Student (if you choose)

Include services that were served on or after:  and before: 

Include services that were logged (signed) on or after:  and before: 

Only include services logged for Related Service: 

Only include services logged by user with User Code:

Only include services logged for student with Student ID:

Only show services which require approval

- **Field Definitions:**

Report Creation Page Field Name	Notes
<i>Served On</i>	Return Services Logged with a Date of Service on that date and After the date entered
<i>Served Before</i>	Return Services Logged with a Date of Service Prior to the Date entered
<i>Logged (Signed) On</i>	Return Services Logged on and after the date entered
<i>Logged (Signed) Before</i>	Return Services Logged prior to the Date Entered



▶ Downloading PCG Data (Cont.)



Solutions that Matter

- **Specific Fields/data to be included in the report:** Such as, student and provider name, date of service and date the served was logged/entered. When running the Service Log (xls) the fields selected below should provide the details needed to support the SBAP.

Include these fields:

<input checked="" type="checkbox"/> Date Signed	<input checked="" type="checkbox"/> Service
<input type="checkbox"/> Date/Time Signed	<input type="checkbox"/> Related Service ID
<input type="checkbox"/> Student Full Name	<input checked="" type="checkbox"/> Date of Service
<input checked="" type="checkbox"/> Student First Name	<input type="checkbox"/> Student Middle Name
<input checked="" type="checkbox"/> Student Last Name	<input type="checkbox"/> Student Suffix
<input checked="" type="checkbox"/> Student Code	<input checked="" type="checkbox"/> Type of Service
<input type="checkbox"/> Medicaid ID	<input type="checkbox"/> Student Social Security Number
<input type="checkbox"/> Type of Service ID	<input checked="" type="checkbox"/> Student Gender
<input checked="" type="checkbox"/> Minutes	<input checked="" type="checkbox"/> Student Date of Birth
<input checked="" type="checkbox"/> Group Size	<input type="checkbox"/> School Code
<input type="checkbox"/> Status	<input checked="" type="checkbox"/> Provider
<input type="checkbox"/> Number of Areas Covered/Assessed	<input checked="" type="checkbox"/> Provider Title
<input checked="" type="checkbox"/> District Code	<input checked="" type="checkbox"/> District Name
<input checked="" type="checkbox"/> Provider Code	<input checked="" type="checkbox"/> Areas Covered/Assessed (please don't select this unless you really need it)
<input checked="" type="checkbox"/> Start Time	<input checked="" type="checkbox"/> End Time
<input checked="" type="checkbox"/> Comments	<input type="checkbox"/> Diagnosis Code
<input checked="" type="checkbox"/> Approver	<input checked="" type="checkbox"/> Date Approved or Rejected
<input type="checkbox"/> Objectives and Responses	<input type="checkbox"/> Goals and Responses
<input type="checkbox"/> Service Requires Approval	<input type="checkbox"/> Approved or Rejected
<input type="checkbox"/> Approval Comments	<input type="checkbox"/> Rejection Reason
<input checked="" type="checkbox"/> Service Log ID	



Downloading PCG Data (Cont.)



Solutions that Matter

- Field Definitions between Report generation page and report output:

Report Creation Page Field Name	Report Field Label	Notes
<i>Date of Service</i>	ServiceDate	Date service was provided to student
<i>Date Signed</i>	DateSigned	Date the service was entered into EasyTrac
<i>Student First Name</i>	StudentFirstName	Student's First Name
<i>Student Last Name</i>	StudentLastName	Student's Last Name
<i>Student Gender</i>	Gender	Student Gender: Male or Female
<i>District Name</i>	District Name	Name of School District
<i>District Code</i>	District Code	Unique identifier for School District
<i>Service</i>	Service	Name of Related Service
<i>Group Size</i>	GroupSize	Size of the group of students the service was delivered to
<i>Minutes</i>	Minutes	Duration of service provided in minutes
<i>Start Time</i>	StartTime	Time service started
<i>End Time</i>	EndTime	Time service ended
<i>Approver</i>	Approver	User who approved the service log
<i>Date Approved or Rejected</i>	DateApprovedOrRejected	Date the service log was approved or rejected in EasyTrac
<i>Provider Code</i>	ProviderCode	Unique identifier of provider
<i>Provider</i>	Provider	First and Last name of service provider
<i>Provider Title</i>	Provider Title	Title of service provider
<i>Student Code</i>	StudentCode	Student Unique Identifier
<i>Student Date of Birth</i>	DateOfBirth	Date Student was born
<i>School Code</i>	SchoolCode	School Unique Identifier
<i>Type of Service</i>	Type	Type of related service, for example, direct or indirect
<i>Comments</i>	Comments	Service logs notes documented by provider
<i>Areas Covered/Assessed (please don't select this unless you really need it)</i>	Areas Covered/Assessed	Treatment key/s focus during service provided
<i>Approved or Rejected</i>	ApprovedOrRejected	Whether service log was approved or rejected in EasyTrac
<i>Date Approved or Rejected</i>	DateApprovedOrRejected	Date service was approved or rejected in EasyTrac
<i>Service Log ID</i>	ServiceLogID	EasyTrac's Unique ID for service log.



▶ Downloading PCG Data (Cont.)



Solutions that Matter

- When selecting the "Standard Service Log" Report. You will have one section you will select or enter criteria for:

Reports - Standard Service Log [New Mail](#)

Include services that were served on or after: and before:

Include services that were signed on or after: and before:

Disability:

Include diagnosis codes in the report

• Field Definitions:

Report Creation Page Field Name	Notes
<i>Served On</i>	Return Services Logged with a Date of Service on that date and After the date entered
<i>Served Before</i>	Return Services Logged with a Date of Service Prior to the Date entered
<i>Logged (Signed) On</i>	Return Services Logged on and after the date entered
<i>Logged (Signed) Before</i>	Return Services Logged prior to the Date Entered
<i>Disability</i>	Remain blank to include all Disabilities
<i>Include Diagnosis codes in the report</i>	Check Box to include diagnosis codes/primary disabilities



Downloading PCG Data (Cont.)



Solutions that Matter

- Field Definitions for report output:

Report Field Label	Notes
EasySvcLogID	EasyTrac's Unique ID for service log.
SvcDate	Date service was provided to student
SvcDateTimeSigned	Date and time the service was entered into EasyTrac
SchSysCod	Name of School District
ClientCode	Unique Billing Code for LEA
ResponsibleDistrict	Responsible District if assigned to Student
RelatedSvcCode	Name of Related Service
GroupSize	Size of the group of students the service was delivered to
SvcMinutes	Duration of service provided in minutes
StartTime	Time service started
EndTime	Time service ended
SupvSignedOff	If service log was approved in EasyTrac
ApprovalDate	Date the service log was approved in EasyTrac
ProviderCode	Unique identifier of provider
ProviderFullName	First and Last name of service provider
SupvCertType	If the Supervisor has certification information in EasyTrac for the service.
StudentID	Student Unique Identifier (if different from PA Secure ID. If not will be PA Secure ID)
StateCode	Student's PA Secure ID
DiagCode	Diagnosis Code/Primary Disability
MedicaidNumber	Populates with Y if has a Medicaid ID
SchoolCode	School Unique Identifier
SvcTypeCode	Type of related service, for example, Direct, LPN, IEVAL
ServiceDiagCode	Not Applicable to SBAP. Field will be Blank
RequestDeletion	If the service log was requested for deletion. If not requested will populate "0"



▶ Downloading PCG Data (Cont.)

Any questions you have about system support for PCG systems and downloads should be directed to the PCG Help Desk at SBAPsupport@pcgus.com or (866) 912-2976.



Common BPI Audit Findings



Common BPI Audit Findings

- Group vs Individual
- More units billed than authorized
- MPAF Errors
- IEP and MPAF do not match
- IEP and/or MPAF do not list duration



Common BPI Audit Findings (Cont.)

Group or Individual Not Specified in the IEP and/or MPAF

- Group vs Individual sessions on IEPs and MPAF/order/prescription should be listed as follows:
 - LEAs should be writing for what is medically necessary for the student. If the student requires only individual, then that is what should appear on the IEP and MPA/order/prescription (Example- Speech therapy individual 30 min 3x per week).
 - If the student requires group only, then that is what should be placed in the IEP and on the MPAF/order/prescription (Example- OT group 30 min 2x/week).
 - If the student requires a combination, then we would expect to see both on the IEP and the MPAF/order/prescription (Examples- OT individual 30 min 2x per week, OT group 30 min 4x per year).



Common BPI Audit Findings (Cont.)

Order is for individual, but billed as group or Order is for group, but billed as Individual

- Individual and/or group must be clearly identified on both the MPAF and the IEP with the frequency and duration specified for each type of session and should be billed as such
- Do NOT bill for a service if you are providing the service as an incidental group or individual service that is not recommended in the IEP and authorized/prescribed by the MPAF
- If Group therapy has been ordered for the student and everyone is absent except for that student, then unless the student has an order for individual therapy, the choice would be to reschedule the group session for later that week or provide a make-up session (be sure it is documented as a make-up session).

**This is addressed in the SBAP Handbook Section 4.3
Documenting Individual and Group Therapy**



Common BPI Audit Findings (Cont.)

Billing for more units than authorized

- Units of service billed must be equal to or less than the units of service authorized on the MPAF
- You are highly encouraged to verify through the self-audit process that the duration and frequency of the services billed are equal to or less than the duration and frequency recommended in the IEP and authorized on the MPAF



Common BPI Audit Findings (Cont.)

MPAF Errors

MPAF was not signed by the MD before services were billed

- The MPAF is essentially the doctor's order, and the date that the MD signs the MPAF is the date that services may be billed.
- Services that are provided to students prior to the date the MPAF is signed and dated are **NOT** compensable.

MPAF MD/CRNP signature/licensing info/date is not legible

- These are important areas. If the name and licensing information are not legible, it is difficult to verify credentials. If the date the MD/CRNP is signing the MPAF is not legible, then services could be denied



Common BPI Audit Findings (Cont.)

The IEP and the MPAF do not match

The IEP and MPAF should mirror each other.

Example #1:

- The **IEP** reads: Physical therapy-Individual-2-30-minute sessions per week
- The **MPAF** reads: Physical therapy-30 minutes 2x/per week-Individual

Even though the wording is not exactly the same, the recommendation and the order are the same. This is acceptable from an audit standpoint.

Example #2:

- The **IEP** reads: Speech/Language Therapy-group-120 minutes/month
- The **MPAF** reads: Speech/Language Therapy- Up to 120 minutes per month-group

These 2 statements are not alike, so the claims would be denied.



Common BPI Audit Findings (Cont.)

The IEP and/or the MPAF do not list duration

Medical Practitioner Authorization Form for SBAP Services

Student's Name: Joe Cool
 Participating LEA Name: Walt Disney School District

Date of the current IEP Meeting: 05/21/2023
 (MM/DD/YY)

Related Service	Duration	Frequency	Projected Start Date	Projected End Date	Group	Individual
Audiology					N/A	
Nursing	See attached Dr.'s orders	See attached Dr.'s orders	05/22/2023	05/20/2024	N/A	X
Occupational Therapy						
Occupational Therapy						
Orientation, Mobility & Vision					N/A	
Personal Care Services	240 minutes	Per day	05/22/2023	05/20/2024	N/A	
Physical Therapy	30 minutes	3 times per week	05/22/2023	05/20/2024		X
Physical Therapy	30 minutes	2 times per week	05/22/2023	05/20/2024	X	
Psychiatric						
Psychiatric						
Psychological						
Psychological						
Social Work						
Social Work						
Speech & Language	45 minutes	3 times per week	05/22/2023	05/20/2024		X
Speech & Language						
Hearing Impaired						
Hearing Impaired						
Special Transportation					N/A	

Re-Evaluations to be provided throughout the duration of this IEP:



Resources

SBAP Handbook

https://dhs.pa.gov/providers/Documents/School-Based%20Access%20Program/SBAP-2022_Handbook.pdf

SBAP Resource Account

RA-PWSBAP@pa.gov

Verification of State Licenses

BPOA-Pennsylvania Licensing System (PALS)

<https://www.pals.pa.gov>

Pennsylvania Department of Education website for PDE certificate verification

<https://www.education.pa.gov/Educators/Certification/Pages/TIMS.aspx>

American Speech-Language-Hearing Association website

<https://www.asha.org>



Resources (Cont.)

**Orientation, Mobility and Vision Services – Credential verification
Academy for Certification of Vision Rehabilitation & Education
Professionals-ACVREP**

<https://www.acvrep.org/>

National Blindness Professional Certification Board

<https://www.nbpcb.org>



A Few Things To Remember

➤ Reduce Risks with Preparation

- Stay up to date with changes to rules and regulations
- Train all staff for compliance
- Take advantage of training opportunities (vendors, annual training, SBAP, etc.)
- Regularly conduct self-audits
- Reach out to BPI with any questions



Presenter Contact Information

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